



Gift In Kind Donations

Date: _____

Donor Information:

Name: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Item Description:

The estimated Fair Market Value of my gift in kind: \$_____

*Compass Regional Hospice is a
501 (c)(3) charitable organization.
A formal acknowledgement will be mailed to you.*

For questions contact:

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